

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No. 210

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Geraldine Jane Simmons { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 9-6-26
Month Day Year

8. FATHER
Full name Grady Reginald Simmons
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
10. Color or race white
11. Age at last birthday 35 (Years)

14. MOTHER
Full maiden name Hal Rogers
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
16. Color or race white
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Waldron
(State or country) Texas
13. Occupation Truck driver
Nature of Industry

18. Birthplace (city or place) Mena
(State or country) Arkansas
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. Wadsworth
Physician (Physician or midwife)

Given name added from a supplemental report _____
Month, day, year

Address Globe, Ariz.
Filed 9/30 1926 St. M. H. H. H.
Registrar

Registrar

722-906-892

WRITE PLAINLY WITH INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.